

Work Order ID 91829

91829

Page 1

October-19-12 12:37:17 PM

Item ID: D3297-1-0121

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: HOSE ASS'Y

Start Date: 10/18/12 Start Qty: 4.00

4

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan:

Date: 12/10/12

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3297	Rev D								
100	PURCHASING	0.00							
100									
Purchasing	Memo	0.00							
Purchasing	Create D2729-1 label and include with W/O								
	Issue P/O: 18201								
	Hose Assembly as per Dwg D3297								
	Possible Supplier: API								
	Material release note is required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110									
Packaging	Memo	0.00							
Packaging	Ensure Material Release Note is attached								

CL 12/10/12 (4)

Per ppc (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

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N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: HOSE ASS'Y

Start Date: 10/18/12 Start Qty: 4.00 *4*

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 4.00 *4*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC6- Inspect dimensions to drawing	0.00							
120									
QC	Memo	0.00							
Quality Control									
130		0.00							
130	Small Fab								
Small Fab	Memo	0.00							
Small Fab	Install D2729-1 as per Dwg D3297 using D2182-045 Heat Shrink Batch: <u>B21864</u>								
140	QC5- Inspect part completeness to step on W/O	0.00							
140									
QC	Memo	0.00							
Quality Control									

DAS
16
9-89 12/10/29

40

40

12/10/29

DAS
15
9-89 12/10/30

4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Page 3

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Item ID: D3297-1-0121

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: HOSE ASS'Y

Start Date: 10/18/12 Start Qty: 4.00

4

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

Identify as per dwg & Stock Location: ST192

0.00

150

Packaging

Memo

0.00

Packaging

4 12/10/31 JB

160

QC21- Final Inspection - Work Order Release

0.00

160

QC

Memo

0.00

Quality Control

12/10/31 JB

116-10-31

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Picklist Print

October-19-12 12:37:17 PM

Page 1
T

Work Order ID: 91829

Parent Item: D3297-1-0121

Parent Item Name: HOSE ASS'Y

Start Date: 10/18/12

Required Date: 11/09/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: A04.11.25New issueKJ/RF

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
156001-6D0121 HOSE ASS'Y		Purchased	No			110	Each	0.0000	1	4			
D2182-045 Heat Shrink 4.5" Long		Manufactured	No			130	Each	0.0000	1	4			

B21864 (4x)

Purp/26 (4)
B.2/10/29

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

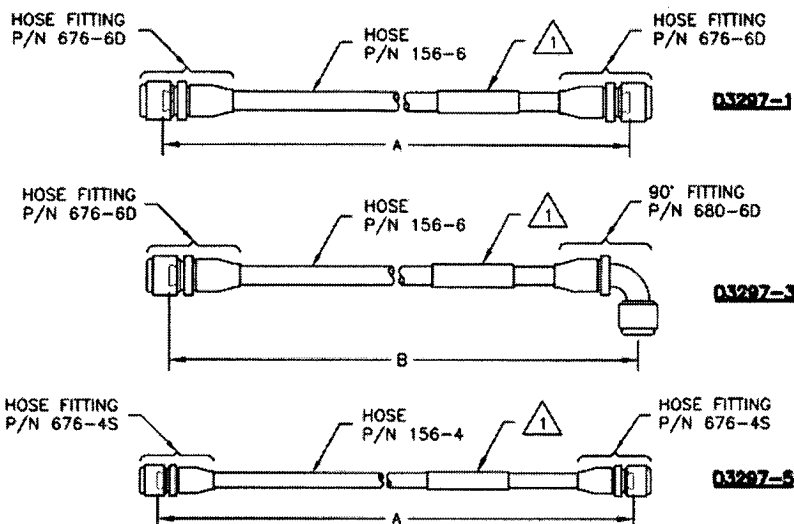
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DARTRELEASED
05.01.21

DESIGN H	DRAWN BY H	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED H	APPROVED H	DRAWING NO. D3297	REV. D SHEET 1 OF 1
DATE 05.01.21	TITLE HOSE ASSEMBLIES		SCALE NTS
A	04.07.06	NEW ISSUE	
B	04.11.01	STRATOFLEX P/N WAS AEROQUIP P/N	
C	04.11.18	T50 CORRECTED TO TSO	
D	05.01.21	CORRECT STRATOFLEX P/N	



HOSE SPECIFICATION				
DART P/N	STRATOFLEX P/N	VENDOR	A	B
D3297-1-0098	156001-6D0096	API	9.75	
D3297-1-0130	156001-6D0130	API	13.00	
D3297-1-0121	156001-6D0121	API	12.13	
D3297-3-0085	156005-6D0085	API		8.50
D3297-3-0210	156005-6D0210	API		21.00
D3297-3-0350	156005-6D0350	API		35.00
D3297-5-0410	156001-4S0410	API	41.00	

D3297-1-XXXX HOSE ASSEMBLY } WHERE XXXX REPRESENTS
D3297-3-XXXX HOSE ASSEMBLY } HOSE LENGTH IN TENTHS OF INCH
D3297-5-XXXX HOSE ASSEMBLY }

EG: 12.125" LONG: D3297-1-0121
41.00" LONG: D3297-5-0410
8.50" LONG: D3297-3-0085

NOTES:

- 1) IDENTIFY WITH DART P/N & B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) HOSE ASSEMBLIES TO MEET THE REQUIREMENTS OF TSO-C53a TYPE "A"

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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO18201

Purchase Order Date 10/22/12

PO Print Date 10/22/12

Page Number 1 of 1

Order From :

VC-AER002

AEROSPACE PRODUCTS INTERNATIONAL
P.O. BOX 223, STATION M
CALGARY, AB T2P 2H6
CA

Contact Name

Vendor Phone

800 214 7404

Vendor Fax

800 214 8875

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	156001-6D0121	HOSE ASS'Y	10/26/12 Yes	4.00 Each	FedEx PI collect	\$64.7500	\$259.00

Special Inst: AS PER DWG D3297 REV. D
B91829

PO Total:

\$259.00

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr:

2

Change Date: 10/22/12

CL
No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required YES NO



API
2461 46th Ave.
LACHINE QC H8T 3C9
CANADA

Page 1 of 1
10/24/2012 14:24:07

Pack List

**Shipping Address**

DART AEROSPACE LTD.
1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
CANADA

Forwarding Agent's Address**Shipping Instructions**

Detailed Shipping Instructions at the
end of the document

Packing Instructions

Detailed Packing Instructions at the
end of the document

Information

Document Number	81048709
Document Date	10/24/2012
Purchase Order No.	PO18201
Purchase Order Date	10/22/2012
Sales Order Number	935131
Sales Order Date	10/22/2012
Customer Number	6100481
Shipping Conditions	Standard OtherGround
Incoterms	
Cust Ship Acct	
Delivery Date	10/24/2012
Bill of Lading	

Total Volume	0.004 IN3
Carrier	FedEx

Item	Material	Material Description	Quantity	Weight	Batch Num
10	156001-6D-0121	156-6 HOSE ASSEMBLY			
	Batches				
	0003008278 (PO:4500187194)		4 EA	0 LB	

Shipping and Packing Instructions

FEDEX P1

**** CERTIFICATE OF CONFORMANCE ****

I hereby certify that the aircraft parts described hereon were acquired from a source of supply that is consistent with the conditions under which Transport Canada distributor approval number 77-98 has been granted.

Authorized Signature

Rw



